

The Commonwealth of Massachusetts Department of Public Safety

Architectural Access Board

One Ashburton Place, Room 1310 Boston Massachusetts 02108-1618

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(Office Use Only)

SIDEWALK COMPLAINT FORM Section 22, 521 CMR

PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL BE DISCLOSED UPON REQUEST.

1.	Regul street Addre	e name of the street/intersection believed to be in violation of the Rules and ations. Please give EXACT street locations. (Use separate forms for each intersection) ss:			
2.	In order for the Board to take action on the complaint, the following work must have been completed or in the process of being performed. Please check where appropriate:				
		Sidewalks are currently under construction, repair, or reconstruction. Sidewalks have been repaired, reconstructed, or constructed on: between June 10, 1975 - August 31, 1996. Approximate date: after September 1, 1996.			
3.		check the following items that you believe are in violation, and identify the location of plation by the closest street address or telephone pole number: Width of walkway(s) is less than 48 inches, excluding curb stones. (Section 22.2)			
		Unobstructed path of travel is less than 36 inches clear, excluding curbstones. (Section 22.2)			

Page 1 of 2 Rev, 01/10

	Walkway has a slope greater than 1:20 (5%). (Section 22.3)				
	Cross slope of walkway exceeds 1:50 (2%). (Section 22.3.1)				
	Walkway has changes in level greater than ¼ inch. (Section 22.4)				
	Sidewalk has pooling of water, accumulation of ice, or flow of water acros walkway. (Section 22.6)	s the			
	Grating located in the walkway surface has spaces greater than ½ inch w direction of the flow of travel. (Section 22.7)	ide in the			
	Walkway crosses or joins a street, public way, driveway, or parking lot an blend to a common level with a slope no greater than 1:20 (5%) or a curb provided. (Section 22.8.1)				
	Other (please specify):				
What v	was the most recent date you observed the violation?				
pleas	e and address of person/organization filing this complaint (if organization is e provide the Board with the name of a contact person) ired):	filing,			
	il:				
i oi o p	phone:				
Indivi	dual Signature (required):				
Date:					

4.

5.

6.

Page 2 of 2 Rev, 01/10